## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  26646 7590 12/16/2005  KENYON & KENYON . L L P  ONE BROADWAY  NEW YORK, NY 10004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
C:1501 1400.00 DA C:1504 300.00 DA		m	ADELLES		3/10/06	(Signature) (Date)
APPLICATION NO.	FILING DATE	FIRST NAMED IN		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/776,049 02/10/2004			Uwe Kassner		10191/3520	2119
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	E PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	03/16/2006
EXAMINER		ART UNIT	<del></del>			
CASTRO, ARNOLD		3747	3747 123-565000 s" (37 2. For printing on the patent front page,			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON TH	IE PATENT (print o	r type)		
	an assignee is identified belo 37 CFR 3.11. Completion of					locument has been filed fo
(A) NAME OF ASSIGNEE		, ,	(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Robert Bosch GmbH		St	Stuttgart, Fed. Rep. of Germany			
	assignee category or categorie	es (will not be prin	ited on the patent):	☐ Individual ☐ C	orporation or other private gr	oup entity Government
	nciosed: * **		Payment of Fee(s):			
a. The following fce(s) are e						
a. The following fce(s) are call Issue Fee			_	ount of the fee(s) is en		
a. The following fce(s) are call Issue Fee	nall entity discount permitted)	, [	Payment by credit	card. Form PTO-2038	is attached.	credit any overpayment, to
ia. The following fee(s) are on the following fee(s) are on the fee is a substitution fee (No sraph Advance Order - # of	nall entity discount permitted) Copies	, [	Payment by credit	card. Form PTO-2038		credit any overpayment, to
ia. The following fee(s) are on the following fee(s) are on the fee is a large fee in Entity Status (something in	nall entity discount permitted) Copies  from status indicated above) AALL ENTITY status. See 37	.CFR 1.27.	Payment by credit The Director is h Deposit Account Nur  b. Applicant is no	card. Form PTO-2038 ereby authorized by conber 11-0600	s is attached.  harge the required fee(s), or (enclose an extra c	FR 1.27(g)(2).
ia. The following fee(s) are on the following fee(s) are on the fee is a large fee in Entity Status (something in	nall entity discount permitted) Copies  (from status indicated above)	.CFR 1.27.	Payment by credit The Director is h Deposit Account Nur  b. Applicant is no	card. Form PTO-2038 ereby authorized by conber 11-0600	s is attached.  harge the required fee(s), or (enclose an extra c	FR 1.27(g)(2).
a. The following fee(s) are on the following fee in Entity Status (Change in Entity Status (Change in Applicant claims SM	nall entity discount permitted) Copies  from status indicated above) AALL ENTITY status. See 37	.CFR 1.27.	Payment by credit The Director is h Deposit Account Nur  b. Applicant is no	card. Form PTO-2038 ereby authorized by conber 11-0600	s is attached.  harge the required fee(s), or (enclose an extra c	FR 1.27(g)(2).

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.